

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. A		08/30/01
O.I.P.E. CLASSIFIER		10	9-7-01
FORMALITY REVIEW	P. B	1137	10/05/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/03
2	✓
3	✓
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5	✓
6	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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Je 859  
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